



Letter of Authorization

Loan #: _____

Date: _____

RE: Borrower Name _____

Street Address _____

City, State, Zip Code _____

To Whom It May Concern:

I, _____, hereby authorize Gateway Mortgage Group LLC to disclose, release, and deliver any/all information in regards to my mortgage loan, including but not limited to status inquiries of the mortgage, and payoff/reinstatement balances to _____.

If you have any questions, please call _____.

(Borrower's telephone number)

In order to identify this "authorized" person, please provide a four-digit security code along with a good contact number for this person.

Four-digit Security Code _____ Phone _____

Borrower's Full Name (printed) _____

Borrower's Hand Written Signature _____

Once complete, please email to CustomerCare@GatewayLoan.com, fax to 918-236-2066 or mail to:

Gateway Mortgage Group, LLC.

244 South Gateway Place

Jenks, OK 74037-3448

Gateway Mortgage Group, LLC. | 244 South Gateway Place, Jenks, OK 74037-3448

customer care@gatewayloan.com | P: 877-764-9319 | F: 918-236-2066

www.GatewayLoan.com

